

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

655

Registration District No.

Primary Registration District No.

1003

Registrar's No.

653

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Katherine Muesenfechter

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Muesenfechter 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 6, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 14 If less than one day
hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Martin Mulroy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Doyle
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Muesenfechter
(b) Address 2112 Leslie Ave. Jennings

17. (a) Burial (b) Date thereof 1/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Semetery

18. (a) Signature of funeral director J. F. Fredrick
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 21 1942 (b) J. F. Fredrick
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 Leslie Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1942 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1/15/42
to 1/20/42, 19____;
that I last saw her alive on 1/20/42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus
no stones Duration 6 days

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hydrocephalus

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature J. F. Fredrick (M. D. or other)
Address 602 W. Louisiana Date signed 1/20/42

JUN 6 1946

MAY 12 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Shaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.